all ale level se side	Complete items 1, and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we can return this card to you.  Attach this form to the front of the mailpiece, or on the back if space does not permit.  Write "Return Receipt Requested" on the mailpiece below the article number.  The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.	
3	3. Article Addressed to: 4a. Article		e Number	
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	DUCHESNE CO	4b. Service	Type Type	
3	FO BOX 356	☐ Registere	ZIZZ CEITIIEU _	
3	EAST OLD HWY 40	☐ Express	Mail Insured	
	DUCHESNE UT 84021-0356	☐ Return Re	ceipt for Merchandise  COD	
		7. Date of Do	GNE UT & DO	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)		
4		and fee is	paid)	
6. Signature: (Addressee or Agent)		131 000		
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PS Form 3811, December 1994 102595-97-B-0179 Domestic F			Domestic Return Receipt	

